Tradebe Treatment and Recycling, LLC East Chicago, Indiana Permit Reviewer: Heath Hartley

Significant Permit Modification No. 089-34503-00345 Modified by: Heath Hartley Page 61 of 69 T089-29424-00345

#### INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT OFFICE OF AIR QUALITY

### COMPLIANCE AND ENFORCEMENT BRANCH PART 70 OPERATING PERMIT CERTIFICATION

Source Name:

Tradebe Treatment and Recycling, LLC

Source Address:

4343 Kennedy Avenue, East Chicago, Indiana 46312

Part 70 Permit No.:

T 089-29424-00345

Please check what document is being certified:

RECEIVED State of Indiana

ept of Environmental trianagement Office of Air Quality

This certification shall be included when submitting monitoring, testing reports/results, or other documents as required by this permit.

	Annual Complian	ce Certification Letter
	Test Result (spec	ify)
×	Report (specify)	Third Quarter Quarterly Report
	Notification (spec	cify)
	Affidavit (specify	
	Other (specify)	
certif	y that, based on in	formation and belief formed after reasonable inquiry, the statements and
		nent are true, accurate, and complete.
Signatı		AZ I
Printed	d Name:	Tita LaGrimas
Title/P	osition:	Executive VP of Regulatory Affairs
Phone	:	219-397-3951
Date:		October 30, 2015

Tradebe Treatment and Recycling, LLC East Chicago, Indiana
Permit Reviewer: Heath Hartley

Significant Permit Modification No. 089-34503-00345 Modified by: Heath Hartley

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### INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT OFFICE OF AIR QUALITY COMPLIANCE AND ENFORCEMENT BRANCH

#### **Quarterly Report**

Source	Name:

Tradebe Treatment and Recycling, LLC

Source Address:

4343 Kennedy Avenue, East Chicago, Indiana 46312

Part 70 Permit No.:

T 089-29424-00345

Facility:

Unit 2R

Parameter:

Liquid Material Throughput

Limit:

The throughput to Unit 2R shall be less than 41,450,000 gallons of liquid material per

twelve (12) consecutive month period, each, with compliance determined at the end of

each month.

QUARTER: Third

YEAR: 2015

	Column 1	Column 2	Column 1 + Column 2
Month	This Month	Previous 11 Months	12 Month Total
July	675,235	4,408,683	5,083,918
August	578,121	4,622,403	5,200,524
September	581,404	4,844,808	5,426,211

×	No deviation occu	urred in this quarter.	
. ;	Deviation/s occurred in this quarter.		
	Deviation has bee	en reported on:	
Suk	omitted by:	Tita LaGrimas	AM. Am.
Titl	le / Position:	Executive VP of Regulatory Affairs	
Sig	nature:		
Dat	te:	October 30, 2015	
			11.9 th the same and the same a
Pho	one:	219-397-3951	

Tradebe Treatment and Recycling, LLC East Chicago, Indiana Permit Reviewer: Heath Hartley

Significant Permit Modification No. 089-34503-00345 Modified by: Heath Hartley

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### INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT OFFICE OF AIR QUALITY COMPLIANCE AND ENFORCEMENT BRANCH

#### **Quarterly Report**

Sou	rce	Mα	mo.	
JUU		Nd	IIIE.	

Tradebe Treatment and Recycling, LLC

Source Address:

4343 Kennedy Avenue, East Chicago, Indiana 46312

Part 70 Permit No.:

T 089-29424-00345

Facility:

Unit 2S

Parameter:

Liquid Material Throughput

Limit:

The throughput to Unit 2S shall be less than 41,450,000 gallons of liquid material per

twelve (12) consecutive month period, each, with compliance determined at the end of

each month.

QUARTER: Third

YEAR: 2015

	Column 1	Column 2	Column 1 + Column 2
Month	This Month	Previous 11 Months	12 Month Total
July	1,485,641	14,475,776	15,961,417
August	1,644,191	14,549,702	16,193,893
September	1,372,660	14,795,172	16,167,832

X		urred in this quarter.  rred in this quarter.  en reported on:	
Sub	omitted by:	<u>Tita LaGrimas</u>	***************************************
Titl	e / Position:	Executive VP of Regulatory Affairs	***************************************
Sig	nature:		
Dat	te:	October 30, 2015	
Pho	one:	219-397-3951	

Tradebe Treatment and Recycling, LLC East Chicago, Indiana Permit Reviewer: Heath Hartley Significant Permit Modification No. 089-34503-00345 Modified by: Heath Hartley

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### INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT OFFICE OF AIR QUALITY COMPLIANCE AND ENFORCEMENT BRANCH

#### **Quarterly Report**

Source	Name:
JUUILE	INCHIE.

Tradebe Treatment and Recycling, LLC

Source Address:

4343 Kennedy Avenue, East Chicago, Indiana 46312

Part 70 Permit No.:

T 089-29424-00345

Facility:

Vapor Recovery Unit (VRU) associated with SDS I

Parameter:

VOC emissions (after control)

Limit:

VOC emissions (after control) from the Vapor Recovery Unit (VRU) shall not exceed 23.4  $\,$ 

tons per tweive (12) consecutive month period, with compliance determined at the end

of each month.

Compliance with this limit will be determined using the equation contained in Condition

D.1.10.

QUARTER: \_\_\_\_\_Third

YEAR: **2015** 

	Column 1	Column 2	Column 1 + Column 2
Month	This Month	Previous 11 Months	12 Month Total
July	1.442	20.016	21.459
August	1.741	19.384	21.125
September	1.693	19.228	20.921

×	No deviation occi	arred in this quarter.
	Deviation/s occur	red in this quarter.
	Deviation has bee	en reported on:
Sub	omitted by:	Tita LaGrimas
Titl	e / Position:	Executive VP of Regulatory Affairs
Sig	nature:	42
Dat	te:	October 30, 2015
Pho	one:	219-397-3951

Tradebe Treatment and Recycling, LLC East Chicago, Indiana Permit Reviewer: Heath Hartley Significant Permit Modification No. 089-34503-00345 Modified by: Heath Hartley Page 68 of 69 T089-29424-00345

# INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT OFFICE OF AIR QUALITY COMPLIANCE AND ENFORCEMENT BRANCH PART 70 OPERATING PERMIT QUARTERLY DEVIATIONS AND COMPLIANCE MONITORING REPORT

:

Tradebe Treatment and Recycling, LLC

Source Address:

4343 Kennedy Avenue, East Chicago, Indiana 46312

Part 70 Permit No.:

T 089-29424-00345

Months: July to September Year: 2015
Page 1 of 2 This report shall be submitted quarterly based on a calendar year. Proper notice submittal under Section B — Emergency Provisions satisfies the reporting requirements under paragraph (a) of Section C — General Reporting. Any deviation from the requirements of this permit, the date(s) of each deviation, the probable cause of the deviation, and the response steps taken must be reported. A deviation required to be reported pursuant to an applicable requirement that exists independent of the permit, shall be reported according to the schedule stated in the applicable requirement and does not need to be included in this report. Additional pages may be attached if necessary. If no deviations occurred, please specify in the box marked "No deviations occurred in this reporting period."
□ NO DEVIATIONS OCCURRED DURING THIS REPORTING PERIOD  × THE FOLLOWING DEVIATIONS OCCURRED DURING THIS REPORTING PERIOD
Permit Requirement (specify permit condition #) A.2(a)(3)
Date of Deviation:     July 1, 2015     Duration of Deviation:     92 days       Number of Deviations:     92
Probable Cause of Deviation: A.2(a)(3) states primary control is for Tanks 6/7 is flare. The flare is not being
installed. Carbon canisters will be used to control the VOC emissions from these storage tanks.
Response Steps Taken: Verbal and written notification provided on 30 Oct 2015. Permit will be revised to
reflect the actual VOC control being used on these storage tanks,
Permit Requirement (specify permit condition #)
Number of Deviations: 10
Probable Cause of Deviation: D.1.8 states testing on flare pursuant to 40 CFR 60.18 will be performed within
180 days of issuance of the permit.
Response Steps Taken: Verbal notification on 13 Oct 2015 and written notification on 30 Oct 2015. Condition
should be modified to require testing within 180 days after start-up of process unit SDS II to allow verification that
Condition D.1.1(c) (i.e., Emission Offsets) is not an applicable requirement.

Tradebe Treatment and Recycling, LLC East Chicago, Indiana

Permit Reviewer: Heath Hartley

#### Significant Permit Modification No. 089-34503-00345 Modified by: Heath Hartley

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Permit Requirement (specify permit condition #)		
Date of Deviation:	Duration of Deviation:	
Number of Deviations:		
Probable Cause of Deviation:		
Response Steps Taken:		
Permit Requirement (specify permit condition #)		
Date of Deviation:	Duration of Deviation:	
Number of Deviations:		
Probable Cause of Deviation:		
Response Steps Taken:		
Permit Requirement (specify permit condition #)  Date of Deviation:  Number of Deviations:  Probable Cause of Deviation:  Response Steps Taken:	Duration of Deviation:	
Signature:		
Form Completed by:Tita	LaGrimas	
Title/Position: Exec	Executive VP of Regulatory Affairs	
Date: Octo	ober 30, 2015	
Phone: 219-	-397-3951	

## EXPIESS ENVELOPE

